R E P O R T R E S U M E S

ED 012 475 CG 000 245

COMMUNITY INVOLVEMENT IN THE REHABILITATION PROCESS--A REPORT ON THE COVE PROGRAM.

BY- WORLEY, BERT H.

PUB DATE 20 MAR 67

EDRS PRICE MF-$0.25 HC-$0.56 14P.

DESCRIPTORS- *VOCATIONAL REHABILITATION, *ADULT VOCATIONAL EDUCATION, COUNSELING, RESEARCH PROJECTS, FEEDBACK, *HANDICAPPED, EMPLOYMENT EXPERIENCE, *EMPLOYER ATTITUDES, *CONTROLLED ENVIRONMENT, SPEECHES, COMMUNITY INVOLVEMENT, COMMUNITY ORIENTED VOCATIONAL EDUCATION PROGRAM (COVE), AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION, DALLAS

THE COMMUNITY-ORIENTED VOCATIONAL EDUCATION PROGRAM (COVE) USES THE COMMUNITY AS A VOCATIONAL REHABILITATION RESOURCE BY PROVIDING OPPORTUNITIES IN BUSINESS AND INDUSTRY FOR THE HANDICAPPED. THE HANDICAPPED BECOME PRODUCTIVE, LEARN WORK SKILLS, AND COLLECT VOCATIONAL INFORMATION THROUGH JOB SAMPLING. THE CONTRIBUTING EMPLOYERS PROVIDE GUIDANCE, SUPERVISION, AND EVALUATION REGARDING THE CLIENT'S POTENTIAL FOR THE WORK BEING SAMPLED. THE COVE PROCESS IS BASED ON THE NEEDS OF THE LONG-TERM, DEPENDENT HANDICAPPED WHO BELIEVE THEY HAVE NO PLACE IN COMPETITIVE SOCIETY. THEIR DEPENDENCY REQUIREMENTS ARE SO GREAT THAT COVE ESTABLISHED SHELTERED LIVING SITUATIONS SUPERVISED BY COUNSELOR-AIDES. IN ADDITION TO VOCATIONAL EXPLORATION, THE HANDICAPPED ARE ASSISTED IN DEVELOPING SKILLS IN SOCIAL LIVING. AFTER THE CLIENT HAS MADE A REALISTIC VOCATIONAL CHOICE AND HAS SALABLE SKILLS, THE STAFF ASSISTS HIM IN SECURING EMPLOYMENT AND A SUITABLE LIVING SITUATION. FEEDBACK INFORMATION TO CONTRIBUTING EMPLOYERS IS A VITAL FACTOR IN THE PROGRAM. EMPLOYERS BEGIN TO REALIZE THAT THE HANDICAPPED ARE REAL PEOPLE AND NOT FACELESS STATISTICS. THE COMMUNITY OFFERS MOST OF THEIR SERVICES WITHOUT CHARGE, MAKING THE EFFORTS OF THIS REHABILITATION PROGRAM COST LESS THAN MOST. THIS PAPER WAS PRESENTED AT THE AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION CONVENTION (DALLAS, MARCH 20, 1967). (AO)

ED012475

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

COMMUNITY INVOLVEMENT IN THE REHABILITATION PROCESS: A REPORT ON THE COVE PROGRAM

A Paper Presented To The 1967 A.P.G.A.
Convention In Dallas, Texas
March 20, 1967

Prepared by
Bert H. Worley
Project Director

This paper was made possible through the sponsorship of the Vocational Rehabilitation Administration; VRA Project Grant Number RD-1940-67-c1.

CG 000 245

In a recent article, Samler wrote, "Counseling should be regarded as a learning experience, an exposure to decision making in the context of the Working World." In the same paper he stated, "Except in unusual circumstances, work is social in setting and provides for humans their most important environment, other human beings" (Samler, 1966). I have chosen these two statements by Dr. Samler to introduce this paper because they very adequately express the philosophy of the project I am about to describe. The first quotation is taken literally by the staff of the program because with the severely handicapped and dependent population, typical counseling methods are not too effective; therefore, much of the counseling takes place outside a counseling office and in the world of work. The second remark by Dr. Samler is suggesting that productive work provides a setting that is conducive to good mental health and self-finding. Working provides both social and vocational settings where the handicapped can experience reality.

Historically, man has developed many methods of dealing with the handcapped. The most final and conclusive of these was by extermination. With the development of higher society, the handicapped became the responsibility of religious groups, then of secular authorities, and finally, through a stormy evolution, a family of specialists. A by-product of this was a philosophy that the handicapped should be isolated from society. This isolation became so ingrained that today we are segregating and isolating the handicapped in groups based on the etiology of the handicapping condition.

The specialists are now telling the world that the removal of the handicapped from the main stream of life, by placing them in institutions, is not the best method of rehabilitation. This isolation and segregation

is detrimental to rehabilitation because it places emphasis on the disability and not the abilities of handicapped individuals. They suggest that the local community should take a more active part in the rehabilitation process, and in this, they are conceding that one does not necessarily have to be a specialist to help the handicapped.

By what means do you involve the community in the responsibility, other than financial, for the handicapped? How do you involve individual citizens in the rehabilitation process? These questions lead to the development of a Community Oriented Vocational Education Program, COVE for ease of communication. This program is sponsored by the Vocational Rehabilitation Administration and the Washington State Division of Vocational Rehabilitation. It utilizes the community as a vocational rehabilitation resource. Opportunities have been provided in competitive business and industries for the handicapped to experience productivity, learn work skills and collect vocational information through job sampling. The contributing competitive employers provide guidance, supervision and evaluation regarding the handicaps vocational potential for the work being sampled.

The objective of this experiencing and reality confrontation is not to train the handicapped in any specific skill. It is a process developed for the handicapped to learn about work in order to make realistic vocational choices. After they make a vocational choice, and skill development is indicated, they leave the program to acquire skills in established community training institutions.

The COVE rehabilitation process is based on the needs of the long-term, dependent handicapped. These people have learned through institutionalization, either by an agency or in the home that they have no place in the general competitive society. Their case histories are sufficient proof

that without special help they cannot make the long step from dependency to independence. Most of COVE clients have tried to move into the competitive community at one time or another and in each case failed.

Logic suggests that these individuals have the potential of becoming productive and fully or partially, socially independent. Their dependency requirements are so great that COVE has established a sheltered living situation from which they can start the habilitation or rehabilitation process in easy stages and at their own speed.

The process starts the day the client is screened by a panel of specialists, consisting of medical, psychiatric, psychological and vocational staff. On this day the client has to make his first important decision. After having the program explained and an opportunity to see the facility, he has to verbalize a desire to become involved in the vocational process.

After accepting the program and moving into the physical plant he immediately starts his vocational experiencing and evaluation by working at competitive job sampling situations in the open community. The vocational counselor assigned to the client typically selects the first sampling situation. The client is placed in a very simple repetitive job in order to evaluate his work tolerance and reaction to supervision. Following this placement the client selects the work areas he wishes to sample.

While on these work samples, the client is supervised by competitive employers. At the end of each week an evaluation is obtained from the employer regarding the clients productivity and vocational potential compared to the competitive employees of the work sample. This evaluation is interpreted to the client by his vocational counselor. In this way the clients are given weekly feedback regarding their vocational strengths and weaknesses.

Typically the clients move to a new work sampling situation every two weeks. This process continues until the client makes a realistic vocational choice and then he is helped in placement or into a skill training program.

Almost without exception, these handicapped individuals have a communication problem. For years they have been talked to and received advice or guidance from experts and fools. To them, talk is cheap which results in their having great difficulty integrating verbal abstractions into their self-concept. They have little confidence in counseling because their experience, based on past failure, is a clear indication that the counseling process is a nice diversion from the routine but not very helpful. The reality confrontation and experiencing in community job sampling gives the clients a base from which counseling becomes profitable.

In addition to vocational exploration the clients are assisted in developing skills in social living. Attention is given to the activities of daily living by requiring clients to maintain their own living areas, a standard of personal hygiene and proper dress. In this process, they learn that the average work day not only includes the hours between eight and five, but also a period of time devoted to preparation before and after.

This total process is devoted to learning by experiencing through reality confrontation. After the client has made a realistic vocational choice and he has the saleable skills for placement, the staff assists him in securing employment and a suitable living situation. If he chooses a vocational area where he has demonstrated potential, but does not have suitable skills for placement, a training situation is obtained through the sponsorship of the State Division of Vocational Rehabilitation. In this process, the counselor constantly urges the client to make the decisions.

With this general overview of the program process, I turn now to the very important and exciting experiences gained in involving individual citizens in the rehabilitation process. We ask these individuals to contribute time and effort to the handicapped without financial reward.

We gained valuable experience at involving individual citizens in the rehabilitation process during the pilot phase of the program. This experience suggested workers were proud of their jobs and would gain psychological rewards by sharing their work experience and knowledge with others. We learned that citizens would freely give assistance to the handicapped if they were not asked to perform functions beyond their capabilities and experience. We also knew that individuals working with the handicapped needed feedback regarding their efforts. For example, if an employer assisted a handicapped individual in his shop, he became personally involved with this person's struggle to succeed. Thus, when the handicapped left his shop to move on, it was important to keep the employer informed in a general way about the handicapped person's progress.

Armed with this knowledge and experience, we started contacting employers and asking them to give our clients a chance to learn work skills by working in their shops. Through trial and error, we found that it was not successful to have different staff members make these contacts with the prospective job supervisors. It was quite clear that we needed an individual with special talents and training to do the placement and work evaluations. The qualities this individual needed were; the ability to observe and assess human behavior, flexibility in order to quickly fit into the many different work environments, and adequate training in rehabilitation to be able to talk about the dimensions of disability using terminology which can be under-

stood by lay persons. Also, it was important for this individual to observe both clients and employers and record his observations in order that a meaningful report could be made to the program vocational staff.

We developed a standard way of presenting the program and clients' needs to these competitive employers. We always have a particular client-placement in mind when we make a contact. The vocational staff and the client have developed a vocational objective for the placement and preliminary work has been completed which indicates that the client has some interest, skill, or potential for the work of the job sample. With this information, the placement-work evaluator describes the client to the prospective employer using lay terms. No reference is made to the client's handicap, unless it is brought up by the employer, or in the case of a disability such as epilepsy. If the subject arises, the placement officer says something like this: the client has had a disability that has stabilized and is now ready to resume productive living. Every effort is make to give the employer a straight-forward presentation of the client in terms of a vocational goal. The client is then interviewed by the prospective employer who can either accept or reject him. We have had great success with this approach. At this time, we have approximately 120 different job sampling situations available for client use.

As we gained experience in working with employers, some very enlightening material began to emerge. We quickly learned that we could not leave a client in any one job sample too long. The employers would become attached to the client and the client to the employer. This caused serious problems. The job sample's regular employees would start counseling the client in areas other than work, such as personality problems. You can imagine what

would happen next; either the client or the amateur therapist would become frightened and want out of the situation. In most instances where this happened, the job sample would be jeopardized for future use. Another problem emerged when the employer would change the environment to fit the handicapping condition of the client, leaving little room for the client to learn to become competitive.

We had difficulty obtaining valid client work evaluations from the supervising employers. It seems that people do not like to give negative reports about other people. We also found that they do not like to make written reports--even simple rating scales. To overcome this, we utilized the placement-work evaluator to collect the evaluations from the job samples. He would visit every sample each week and have an informal session with the supervising employer. It was important to do this as informally as possible in order to get the supervisor to relate without anxiety. After leaving the interview, a work rating scale is completed from the information obtained in the visit.

Because we have many more job samples than clients, visits are regularly made to job samples where no clients are currently working. The principal purpose of these visits is to give the contributing employers feedback regarding the clients they have assisted. In this way, the job sample personnel are kept interested in the rehabilitation process and are always available to new clients.

The contributing community employers feedback information, which we think is very significant. Almost every employer reports that <u>his</u> staff's morale improves in very noticeable ways following participation with the program. It seems that the full-time employees on the job samples begin to see their jobs in new perspective. They no longer were just secretaries,

carpenters, etc; they were helping people, which was personally rewarding. Quite often these citizens talk to us in terms of current social problems, especially the ones related to the chronically handicapped and dependent. It seems by their personal involvement that these problems have more meaning. The most significant reaction of the contributing employers occurs as they acquire insight that the handicapped are real, live, feeling people and not a faceless mass of statistics. They continually ask us, "Why isn't more being done to help these people?"

We know that there is a tremendous amount of very effective counseling taking place on these job samples. We keep telling ourselves that this counseling is strictly vocational, but we know better. The everyday interaction between employers, co-workers and clients lends itself to concrete reality counseling situations that are natural and insightful. This counseling does not have the aura of the clinical. It is sincere environmental feedback or advice giving from one individual to another. Constantly we hear clients talking of the insights they have gained through their relationships with the different employers. This emphasizes the amount of help given freely to our clients by these very interested citizens. It is difficult to find one specific reason for the community employers to give their time and effort to these handicapped people. We are quite certain that the employers feel that they are contributing to a specific handicapped person, and that the rapport is between the employer and the handicapped person more than between the employer and the program.

There are four important interlocking parts to the COVE process that contribute to the success of the program. These are: competitive job samples in the community, competitive employers supervising clients work, professional counseling, and last but not least, counselor-aides. The COVE live-in situation requires twenty-four hour supervision. To utilize pro-

fessionally trained staff for this supervision is economically prohibitive. To overcome this problem, female citizens were selected from the community to serve as counselor-aides.

There are problems of selection and training the counselor-aides, but the contributions these individuals make to the program are immeasurable. They are not burdened by the specialization, clinical orientation and technical vocabulary of the professional. Because of this, they are able to build rapport with the program clients in the initial stages of their program when it is most important. They give the professional counselor insight into his clients which it is doubtful he could achieve alone. These individuals function as a model for the handicapped. They live through experiences with the client and give him instant feedback regarding his performance. They are very successful in concrete kinds of counseling to the clients. They are extremely loyal and dedicated to the program concepts and in this have instituted changes in the rehabilitation process that improved services to the handicapped. Without these individuals, the program would be much less efficient.

This contribution to the program by the counselor-aides became possible after considerable trial and error. The first effort, that met with little success, was to orient these lay citizens in the clinical approach of rehabilitation. They were included in all staffings on client problems and progress. Under this orientation the aides seemed to have little understanding or grasp of their role. They were housewives and mothers and their work experience had always been in the context of concreteness, jobs where production could be easily measured. It was clear that the aides left the job each day with a sense of frustration because of lack of closure.

To correct this situation the professional staff reorganized the counselor-aide positions and training program. Concrete job classifications for the conselor-aides were developed based on the needs of the program. As one example, an aide was given responsibility for the program transportation. She fills this role as driver, keeper of transportation accounts and service of the equipment. While fulfilling these functions, she can also adequately fill the role of a counselor-aide. She is with the clients while transporting them to and from work. It is amazing the amount of information she receives from the clients while driving. She gives clients assistance in understanding the need for proper dress for different vocations and counsels them in many other areas.

Another aide has been given the responsibility for keeping the clients living areas in order, much like a house mother. In addition to these functions she also directs a group process devoted to job readiness. For example, she conducts role playing sessions on employment interviewing. Another aide works with client groups assisting them in developing recreational activities. Still another assists the Placement-Work Evaluator in his work with the community employers. Much of the success of this program is attributed to the counselor-aides.

The program results have been better than originally anticipated. After one and one-half years service to the handicapped, 41-percent of the discharged clients have achieved vocational and social independence; eight percent sheltered work and living and nineteen percent independent living without vocational stability. The discharged population has a mean age of 32.5 years; and educational achievement of 11.5 years and a mean I.Q. of 91.5. Prior to becoming involved in the COVE Program, the average client had been institutionalized in a state hospital 2.4 times with a mean period of institutionalization of 5 years. The length of time that the average client re-

mained on the program was 15.5 weeks.

Now for closure:

I am overtly trying to sell this rehabilitation idea. It removes the rehabilitation effort from the concept of specialization, segregation and isolation. It places the handicapped back in the main stream of life where he can develop naturally in reaching his potentials. It tends to place the responsibility for adjustment where it belongs, with the handicapped. Let me add up the assets the community has to offer the rehabilitation effort:

> The community is a natural arena for the handicapped to try their vocational and social wings. A setting that is reality where the handicapped learns through experiencing and confrontation.
>
> The community offers competitive business and industrial settings where the handicapped can learn work skills and at the same time sample many different vocations.
>
> The community offers competitive employers and workers as vocational counselors. Isn't it realistic for a client who is interested in clerical work to learn about the profession from a professional clerk in the clerks work milieu? In the process of this vocational learning the clerk concomitantly and naturally gives the client information and guidance on many dimensions of competitive living. The number of professional workers that the community offers in assisting the handicapped is tremendous.
>
> The community offers lay citizens who can be easily trained to be counselor-aides. These counselor-aides add subtle variables to the rehabilitation effort which expedites the process. They reduce the work load of the professional, act as models for the handicapped and open lines of communication between the professional staff and the handicapped.
>
> The community offers most of these services without charge, making this rehabilitation efforts cost modest compared to most.

The experiences of the COVE effort suggest that this process has great potential for reducing the problem of the chronically handicapped and long-term dependent. The material suggests that the local community has a great potential of caring for and rehabilitating its nonproductive members. Therefore, shouldn't each community have its own community oriented vocational education program?